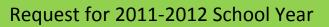


Open Enrollment Application





Deadline: March 1, 2011 September 1, 2011 for Kindergarten A copy of the application must be sent to the sending and receiving districts.

1.	Na	me of Student			2. Grad	de Level fo	r 2011-2012	
3.		Male	Female 4. Date	e of Birth				
4.	Pai Tel	rent/Guardian ephone ote: It is helpful to have m	ore than one number. H=hor	Ema	ail			
		1	City			County		
5.	Re	sident District _	<u> </u>	Atter	ndance Center			
6.	Dis	trict Requested _	estedAttendance Center*					
	*Request does not guarantee placement							
7.			request to continue Yes		he former district	t of residen	nce following a move	
8.	ope	the resident district has a diversity plan, please indicate if the applicant has a sibling currently under pen enrollment? If yes, please provide the following: bibling: Name District/School open enrolled						
9.	The Re Hor Dua	The student will be enrolled in the following (check all that apply) Regular Education Special Education Home School (CPI) Home School Assistance Program Dual Enrollment-Academic Dual Enrollment-Activity Program						
10.		the student currently under suspension or expulsion from school?NoYes yes, when will the suspension/expulsion be completed?						
11.	This section should be completed IF the application is being filed after March 1.							
	Qualification for good cause:					Date		
	a)	Change in distri Due to: family m	ct of residence nove, change in ma	arital status, fos	ter care, adoptio	ns, or trea	tment program	
	b) c) d) e)	c) Failure of negotiations for reorganization or whole grade sharing d) Loss of accreditation or revocation of a private or charter school						

12. Request for transportation assistance: Yes N	lo
If yes, attach proof of income to application and r	number in household.
I certify the above information is true and I have sent district I want my child to attend.	a copy of this form to my resident district and to the
Circulatives of Descent on Occasion	Data
Signature of Parent or Guardian	Date
DISTRICT	USE ONLY
Receiving District	
The receiving district has the authority to take ac except:	tion on all applications (before or after March 1)
those alleging harassment or severe heResident district had a diversity plan.	ealth need that cannot be accommodated in resident
Date application was received:	
Approved	Signature of Superintendent
Denied Date of School Board Action	Signature of Superintendent
If denied, indicate reason: Request was not filed by March 1 and Insufficient classroom space Student under suspension or expulsion Appropriate special education program	on
Resident District	
Resident district is taking action on this application be	ecause of the following:
Resident district has a diversity plan of Student alleges pervasive harassmen Student has a severe health condition	on file with Department of Education It that began or escalated after March 1 In that began or escalated after March 1
Date application was received:	
Approved	Signature of Superintendent
Denied Date of School Board Action	Signature of Superintendent
If denied, indicate reason: Does not meet Diversity Plan criteria Does not meet criteria for pervasive h Does not meet criteria for severe heal	parassment